

**SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☒ OTHER, SPECIFY 3 weeks PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Maggie Calvert

## TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☒ Other (athletic, band, if applicable)

DESTINATION KY Horse Park ADDRESS \_\_\_\_\_ PHONE 4089 Iron Works Pike

- ☐ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging TownePlace Suites Lexington South  
1790 Vendor Way Lexington, KY 40509 Hamburg

DATE(S) OF TRIP 10/31-11/1 DEPARTURE TIME 10:00am RETURN TIME 5:00pm on 11/1

PURPOSE/EDUCATIONAL VALUE State Cross Country Meet 4:15pm

SOURCE OF FUNDING FOR TRIP Board Postseason

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER, SPECIFY

Postseason  
 NUMBER OF: STUDENTS 2 FACULTY SPONSORS 1 OTHER CHAPERONES 0  
 TOTAL # OF PARTICIPANTS 3

## MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.

☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

Suburban

## SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Sarah Bridenbaugh Person making contact: Maggie Calvert

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Emergency Tent

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted:

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Maggie Calvert

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Mox At  
 Signature of Faculty Sponsor

10-14-25  
 Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
 Signature of Superintendent/Designee

10-16-25  
 Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/18/2023



# KHSAA State Cross Country Meet Itinerary

Kentucky Horse Park

4089 Iron Works Way Lexington, KY 40511

## **October 31, 2025**

10:00 am – Depart ACSHS

12:15 pm ET – Lunch at Boombozz in Elizabethtown

135 The Loop, Elizabethtown, KY 42701

1:15 ET – Depart Boombozz

2:30 pm – Arrive at TownePlace Suites South Hamburg

1790 Vendor Way, Lexington, KY 40509

3:30 – Depart TownePlace Suites

4:00 – Arrive at KY Horse Park for course preview

5:00 – Depart Ky Horse Park

5:30 – Arrive at TownePlace Suites

6:30 – Depart TownePlace Suites for dinner

6:40 – Arrive at Olive Garden (3094 Helmsdale Place)

8:00 – Depart Olive Garden

8:10 – Arrive at TownePlace Suites for the night

## **November 1, 2025**

10:00 am – Depart Towneplace Suites for Horse Park

10:30 – Arrive at Kentucky Horse Park

12:30 – Boys 2A Race

2:00 – Depart KY Horse Park

2:30 – Arrive at Drake's for lunch

1880 Pleasant Ridge Drive

Lexington, KY 40509

3:45 – Depart Drake's for ACS

4:15pm CT – Arrive at ACSHS